

# DISTRICT SUMMARY



## BOMBALI

### ADVANCING PARTNERS & COMMUNITIES, SIERRA LEONE

STRENGTHENING REPRODUCTIVE, MATERNAL, NEWBORN, AND CHILD HEALTH SERVICES AS PART OF THE POST-EBOLA TRANSITION

JUNE 2017

#### INTRODUCTION

Bombali District's 111 primary health facilities serve an estimated 606,544 people (Statistics Sierra Leone and Government of Sierra Leone, 2016). The primary health facilities include 9 maternal and child health posts (MCHP); 71 community health posts (CHPs); 20 community health centers (CHCs); and 11 private clinics (faith-based and others) (Sierra Leone Ministry of Health and Sanitation, WHO, Service Availability and Readiness Assessment [SARA], 2017). The services are provided by 539 health care workers

(284 on government payroll, 255 volunteers). Of these, 78 are state-enrolled community health nurses (SECHN); 335 are maternal and child health aides (MCH aides); 16 are community health officers (CHOs); 1 a state-registered nurse (SRN); 87 are regular trained nurses; 8 are community health assistants (CHA); and 14 are midwives (Ministry of Health and Sanitation, Sierra Leone, Directorate of Human Resources for Health).

Table 1. Volume of Selected Health Services Provided in Bombali, 2016

DELIVERIES		ANC4		FULLY IMMUNIZED*		TOTAL FP	MALARIA CASES TREATED WITH ACT	DIARRHEA U5 TREATED AT THE PHU	OPD
PHU	COMMUNITY	PHU	OUT-REACH	PHU	OUTREACH				
14,838	288	10,049	4,226	12,002	6,556	58,915	139,390	12,012	318,226

\* Indicates child has received bacillus Calmette-Guérine, oral poliovirus, all 3 doses of pneumococcal conjugate, pentavalent, rotavirus, measles, and yellow fever vaccines according to schedule.

ACT: artemisinin-based combination therapy. ANC4: antenatal care 4th visit. FP: family planning. U5: under age 5 years. OPD: out-patient department (visit).

Source: Ministry of Health and Sanitation, HMIS / DHIS 2, Data accessed in May, 2017



## PROJECT OBJECTIVES

The Advancing Partners & Communities project is funded by the U.S. Agency for International Development and implemented by JSI Research & Training Institute, Inc., and FHI 360. In Sierra Leone, the project aims at supporting the Ministry of Health and Sanitation's (MOHS) 2015–2020 post-Ebola Health Sector Recovery Plan by strengthening community-based non-Ebola health services, with emphasis on reproductive, maternal, newborn, and child health (RMNCH) in five priority districts: Bombali, Port Loko, Tonkolili, Western Area Rural, and Western Area Urban. The project seeks to improve access to and quality of basic health services by rehabilitating health posts' water, sanitation, and hygiene (WASH) and infection prevention control (IPC) infrastructure, complemented by capacity building, mentorship, and supportive supervision for Health Care Workers (HCWs); providing clinical and non-clinical minor medical equipment (MME), and revitalizing community engagement activities for sustainability.

## PROJECT BASELINE AND ENDLINE

The project conducted a baseline facility assessment in January–February 2016 to understand the PHU capacity and infrastructure in the five priority districts, and to establish a benchmark against which improvements made throughout the course of the project could be measured. Endline assessments were conducted in each of the five districts as follows: Bombali in May 2017; Port Loko in December 2016; Tonkolili in May 2017; Western Area Rural and Urban in March 2017.

In collaboration with the MOHS, four tools were developed to capture information on health facility management and staffing, physical infrastructure, available equipment, and staff knowledge. The tools were implemented in a total of 268 PHUs across the five districts at baseline and in 269 PHUs—including CHPs and MCHPs, and in community health centers (CHCs) in WAU—at endline. Data collection was conducted by each partner organization in its respective district.

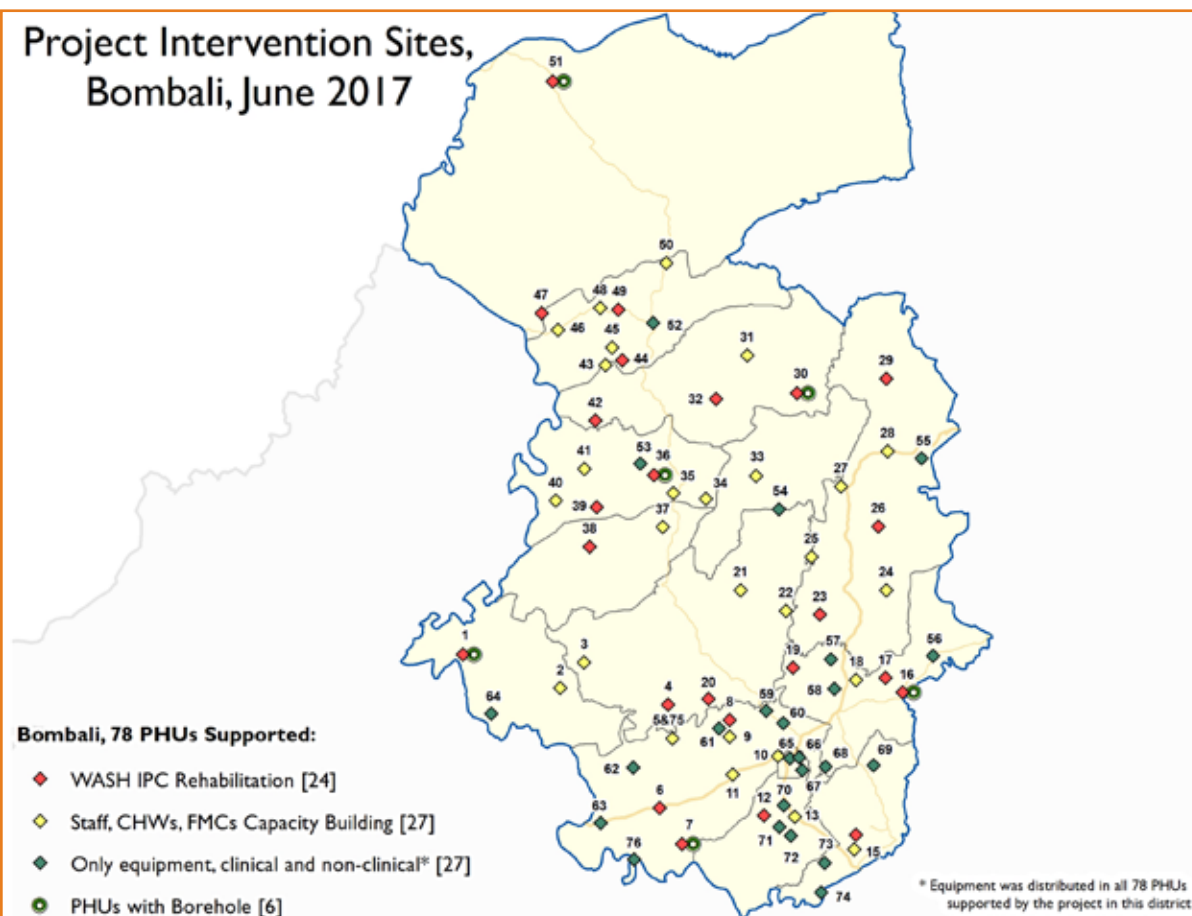
## PROJECT INTERVENTION AND RESULTS

The project implementation in the Bombali district is led by GOAL. GOAL has supported 78 PHUs, including 9 MCHPs and 69 CHPs, located mostly in rural areas. The project-supported facilities serve a total catchment population of 312,011 (covering 72 percent of district facilities with a catchment of 51 percent of the total district population). These facilities are managed by 106 staff on government payroll, and 263 volunteers.

## RESULTS

- 177 PHU staff were trained on an RMNCH service package.
- 50 facility management committees (FMCs) are active. 740 FMC members (510 men, 230 women) have been trained in operations, development of facility improvement and management plans, and administrative record keeping.
- After the adoption of the revised MOHS CHW policy 2016–2020, 398 CHWs were trained using the new in-service training manual and job aids.
- 24 facilities were rehabilitated to comply with a set of minimum WASH/IPC standards. The worked include six boreholes and 15 hand-dug wells to improve access to water.
- In the 24 facilities, 311 participants received training on how to maintain standard WASH features. Training topics included waste segregation, water distribution, solar light management, environmental cleaning, and maintenance of hand pumps.
- 24 facilities received lighting for safe night deliveries, using solar technical specifications approved by MOHS.

## Project Intervention Sites, Bombali, June 2017



### BOMBALI DISTRICT PERIPHERAL HEALTH UNITS SUPPORTED BY THE PROJECT

Name/Type.Number on Map	Masongbo Loko CHP.....20	Kambia CHP.....41	Tonkomba CHP.....62
Gbonkonka CHP.....1	Kortohun CHP.....21	Madina Fullah CHP.....42	Yainkasa CHP.....63
Matoto CHP.....2	Madina Loko CHP.....22	Rothatha CHP.....43	Kiamunday CHP.....64
Mamaka CHP.....3	Bumbanday MCHP.....23	Masankorie CHP.....44	Red Cross CHP.....65
Maharie CHP.....4	Bumban CHP.....24	Kamabaio CHP.....45	Tonko CHP.....66
Magbaingba CHP.....5	Karina CHP.....25	Kamawornie CHP.....46	Teko CHP.....67
Fullah Tn. CHP.....6	Kayongoro CHP.....26	Samaya CHP.....47	Kabombeh CHP.....68
Kolisokoh CHP.....7	Manjoro MCHP.....27	Kagboray MCHP.....48	Kathantha Bana CHP.....69
Mabayo MCHP.....8	Kamasikie CHP.....28	Kaponkie CHP.....49	Maboleh CHP.....70
Kerefay Loko MCHP.....9	Kagbankona MCHP.....29	Kabba Ferry CHP.....50	Robat CHP.....71
Stocco CHP.....10	Laminaya CHP.....30	Sanya CHP.....51	Manonkoh CHP.....72
Makarie CHP.....11	Laiya CHP.....31	Kamakwie CHP.....52	Makeni CHP.....73
Maforay CHP.....12	Maharibo CHP.....32	Gbainkfay MCHP.....53	Masabong Pil CHP.....74
Makump Bana CHP.....13	Mambiama MCHP.....33	Hunduwa CHP.....54	Magbaikoli MCHP.....75
Masingbi CHP.....14	Royeama CHP.....34	Kanikay CHP.....55	Matheneh CHP.....76
Makolor CHP.....15	Makaiba MCHP.....35	Kayasie CHP.....56	Dombaya CHP*.....77
Masongbo (Safroko Limba) MCHP.....16	Gbanti CHP.....36	Kagbo CHP.....57	Makiteh MCHP*.....78
Kabonka CHP.....17	Rogbin CHP.....37	Kapethe MCHP.....58	
Mabonkani MCHP.....18	Manack CHP.....38	Kunsho CHP.....59	
Maselleh CHP.....19	Gbonkobana MCHP.....39	Yoni CHP.....60	
	B/Makarankay CHP.....40	Puntung CHP.....61	

\* no GPS available

## ACTIVITY HIGHLIGHTS

### COMMUNITY ENGAGEMENT

#### COMMUNITY HEALTH WORKERS

Since July 2016, Advancing Partners & Communities has supported the MOHS and stakeholders in revising the CHW policy and developing comprehensive training package. Based on global evidence adapted to country context, the revised policy focuses on harmonizing and integrating all community efforts, having one single national CHW program, and formally recognizing CHWs as an integral part of the health system. The policy was officially launched in February 2017, and the first batch of CHWs started training on the new curriculum the same month.

Community Health Workers are an essential link between communities and health facilities, they deliver essential basic care and refer patients when appropriate. Advancing Partners & Communities contributed to the training of 398 CHWs from 50 supported facilities. The revised training modules encompass community health basics; integrated community case management; and RMNCH. There is also a facilitation and supervision module for CHW peer supervisors. The CHWs received complementary job aides for each module; and registers and counseling cards to facilitate their work in the communities.

#### FACILITY MANAGEMENT COMMITTEES

The project contributed to the formation/revitalization of 50 FMCs, which have well-attended monthly meetings. District health management team representatives also attended to encourage ownership and sustainability. An FMC functionality toolkit was developed and is being used by all Bombali/GOAL FMC- supported PHUs. The Community Engagement Implementation Strategy and Toolkit consists of:

- 1) FMC verification and functionality assessment.
- 2) FMC (re-)establishment guide.
- 3) FMC orientation and strengthening guide.

- 4) PHU exit interview form.
- 5) Facility maintenance plan.
- 6) Facility improvement action plan.
- 7) Community engagement monitoring dashboard.



*FMC meeting*

The facility maintenance and improvement plans are created for and used by the FMCs. The aim of both documents is to strengthen FMC's ownership over the PHU condition and improvement. The FMC uses the maintenance plan each month to check the PHU's conditions, identify problems, and decide how to fix them. The various problems are included and prioritized in the facility improvement plan, which is drawn every six months and revised against progress during the FMC monthly meetings.

The FMC in Masongbo Limba community identified a lack of space at the PHU to accommodate patients, visitors, and health staff. In response, the FMC included the construction of a building for staff in the improvement plan. This was possible because FMC member mobilized the community through financial and in-kind contribution (bricks, food, etc.).

Other notable achievements since the formation of FMCs include facility cleaning and the clearing of paths leading to the PHUs, as seen at Meselleh and Kabonka CHP and many other facilities.



*FMC terms of reference*



*FMC improvement plan*

### DISTRICT REVIEW MEETINGS

Quarterly district review meetings were conducted in all 13 chiefdoms of Bombali and attended by 650 community members each quarter, for a total of 1,950 attendees. They included paramount chiefs, representatives of catchment populations, district council and DHMT representatives, and PHU beneficiaries and staff. The agenda for these meetings included a presentation of RMNCH indicators focusing on progress and achievements, ownership, accountability, challenges, and recommendations.

### CAPACITY BUILDING

GOAL conducted a training-of-trainers on RMNCH and IPC in Makeni in May 2016 attended by 44 participants (16 DHMT and 28 GOAL). The training was facilitated by DHMT staff, representatives from the Midwifery and the MCH Aide Schools; and UNFPA. The training was then cascaded to 177 PHU staff (44 men, 133 women) in June.

GOAL's health staff have also conducted post-training follow-up and clinical mentorship at all 50 PHUs supported by the capacity-building component, visiting each facility at least twice a month to ensure that gains in knowledge are maintained and put into practice. At these visits, GOAL staff seek to improve PHU staff ability to deliver services to pregnant women and children under 5 years.

As part of staff capacity building, GOAL conducted on-site mentorship and de-junking of the medical stores and pharmacies. Topics covered included store re-organization, inventory management, reporting, and record keeping. Joint supportive supervisions were conducted in collaboration with the DHMT. The integrated supervision checklist was used to identify any gaps such as availability of equipment, drugs, medical supplies, and human resources. Actions to overcome the challenges were always discussed with the senior DHMT staff.

**Table 2. Training by Topic, Cadre, and Gender in the Bombali District**

# OF SUPPORTED PHUs	HCW TRAINED		HCW TRAINED-(TOTAL)	TRAINING SUBJECT	GENDER		CADRE			HCWs INVOLVED
	M	F			M	F	MCH AIDE	SECHN	OTHER	
78	44	133	177	RMNCH	48	110	61	38	59	158
				IPC (CLINICAL STAFF)	46	103	33	18	98	149

**Table 3: Baseline-Endline: Percentage of Respondents Scoring 80% or Higher on Knowledge Assessment**

BOMBALI DISTRICT	BASELINE	ENDLINE
MATERNAL HEALTH	57.1	82.4
NEWBORN HEALTH	92.9	98.5
CHILD HEALTH	45.2	60.3
PARTOGRAPH KNOWLEDGE	-	79.4
<b>TOTAL NUMBER OF PHU STAFF INTERVIEWED</b>	<b>42</b>	<b>68</b>

**Table 4: Number of Clients Seeking Health Services**

YEAR	TOTAL N. OF OPD VISITS	TOTAL N. OF DELIVERIES
2016	280,005	10,191
2015	222,227	10,079
2014	172,962	8,286
2013	215,800	9,476

HMS data results

## INFRASTRUCTURE REHABILITATION

Based on the Sierra Leone MOHS WASH/IPC Guidelines, Advancing Partners & Communities project has identified minimum WASH/IPC standards for every health facility targeted by the project. These include consistent water access on site (24 hours per day throughout the year), availability of two of four waste pits (ash, placenta, sharps, and general/organic waste), presence of a functional incinerator and functional latrine system, and presence of a minimum of four hand-washing stations.

The project provided infrastructure and WASH/IPC rehabilitation to 24 of the 78 target PHUs, reaching a total catchment population of 96,761 (16 percent of the total district population). Building rehabilitation of facility integrity and compliance with MOHS WASH in Health Facilities Standards (2017) began in March 2016 with a baseline survey that ranked facilities in each district from 1–20. The lower the ranking, the more in need of rehabilitation a facility was deemed.

Building upgrades included structural integrity repairs to walls (patching); ceiling (repairs to the wood panels); roofs (upgrades to corrugated iron sheeting); windows and locks (security); painting; stenciling labels to indicate

names of rooms; drainage; and soak-away pits. The facilities also received WASH/IPC upgrades to meet the minimum standards and 8-bulb solar energy system for facility lighting. As part of the interventions to ensure access to water in the health facilities, Advancing Partners & Communities project has contributed six new boreholes and 14 rehabilitated and one new hand-dug well.

The project distributed non-clinical furniture, such as benches, tables, cupboards, and shelves, to all 78 target PHUs. Further, all project facilities received MME based on assessed needs, including delivery beds, gallipots, airway guedels, adult and infant weighing scales, delivery kits, mucus extractors, vaginal specula and retractors, resuscitator with masks, baby cots, height measure boards, instrument trays, patient privacy screens, stethoscopes, lamps, and bed pans. GOAL has provided training to the staff in all 78 facilities to ensure correct use of the equipment distributed.

At the national level the project has supported the finalization of the MOHS WASH in Health Facilities Standards (2017) through technical feedback on water access, hand pump (for hand-dug wells and boreholes), and waste management (ash, placenta, general waste, and sharps pits, as well as incinerator specifications).

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Gbanti facility before rehabilitation

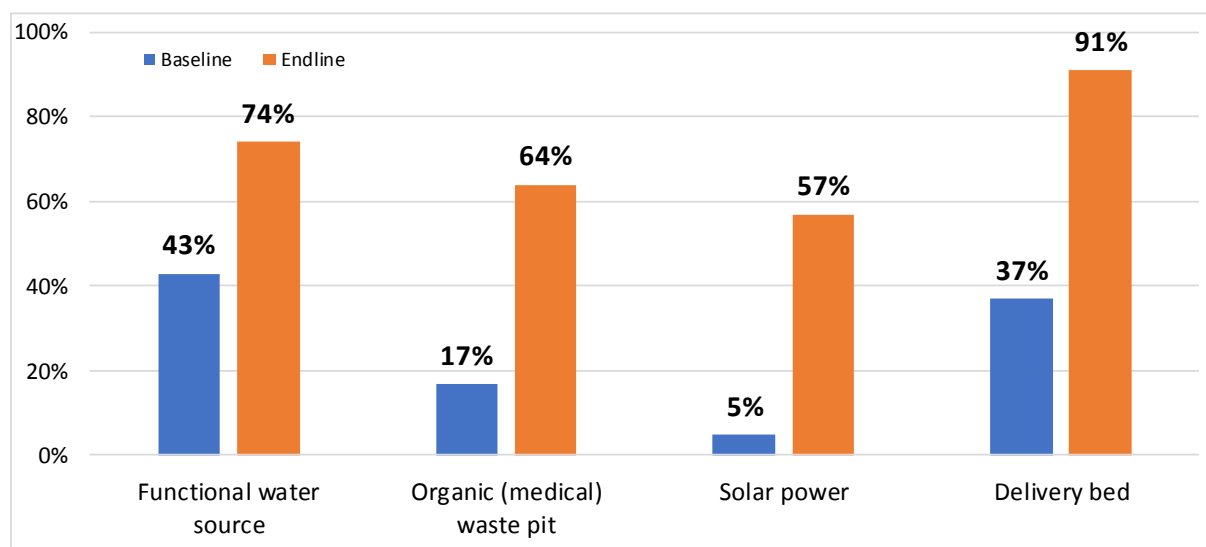


Gbanti facility after rehabilitation

### BASELINE-ENDLINE DATA

The online survey shows that:

Figure 1: Baseline-Endline: Availability of Key Elements to Provide Basic Health Services



- 74% of the (surveyed) facilities now have functional water on site (either through a protected hand-dug well or a borehole), compared to 43% at baseline.
- 64% now have a functional pit for organic (medical) waste, compared to 17% at baseline.
- 57% now have functional solar power for service delivery at night, compared with 5% at baseline.
- 91% now have a delivery/labor bed, compared with 37% at baseline.

Table 5: Baseline-Endline: Availability of Waste Disposal Units at PHUs

WASTE DISPOSAL	% BASELINE	% ENDLINE
FUNCTIONAL INCINERATOR	63.8	62.1
GENERAL SOLID WASTE PIT	39.7	90.6
PIT FOR ORGANIC (MEDICAL) WASTE	17.2	63.8
PIT FOR SHARPS	58.6	48.3
<b>TOTAL PHUS SURVEYED</b>	<b>58</b>	<b>64</b>

**Table 6: Baseline-Endline: Availability of Medical Equipment at PHUs**

MEDICAL EQUIPMENT	% BASELINE	% ENDLINE
DELIVERY/LABOR BEDS	36.5	90.6
ADULT WEIGHING SCALES	65.1	89.1
RESUSCITATORS WITH MASK (ADULT)	41.3	96.6
WEIGHING SCALES (BABY)	55.6	81.3
SAFETY/SHARP BOXES	100	100
<b>TOTAL PHUs SURVEYED</b>	<b>63</b>	<b>64</b>

### WAY FORWARD

In preparation for post-project sustainability, FMCs are holding monthly meetings and developing work and facility improvement plans. The FMCs hold the PHU-incharges accountable for management of drugs and patients. FMC coordination with CHWs, DHMTs, and local communities on issues related to health facility management and use, encourage accountability and ownership. The quarterly district review meetings conducted by GOAL also encouraged ownership and accountability as community members, including paramount chiefs, discussed concerns on health facility management and ways to improve service quality.

The community engagement efforts involving FMCs, CHWs, and stakeholders created trust that will allow them, in collaboration with the DHMT and the district council, to manage their facilities.

### PARTNER BACKGROUND

GOAL has worked in Sierra Leone for more than 15 years, focusing on WASH and child protection. In Bombali, it has implemented programs in 13 chiefdoms to help DHMTs focus on disease surveillance. GOAL's vision is "a world where poverty and hunger no longer exist; where communities are prepared for seasonal shocks; where structural and cultural barriers to growth are removed; and where every man, woman, and child has equal rights and access to resources and opportunities."

### REFERENCES

- Statistics Sierra Leone and Government of Sierra Leone. 2016. 2015 Population and housing census: Summary of final results. Freetown, Sierra Leone.
- Sierra Leone Ministry of Health and Sanitation, HMIS / DHIS 2, Data accessed in May, 2017
- Sierra Leone Ministry of Health and Sanitation, WHO, Service Availability and Readiness Assessment (SARA), 2017
- Ministry of Health and Sanitation, Sierra Leone, Directorate of Human Resources for Health, May 2017.

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